

DEPARTMENT OF HOUSING, BUILDINGS & CONSTRUCTION  
**MANUFACTURED HOUSING**  
101 SEA HERO ROAD, STE 100  
FRANKFORT KY 40601-5405  
PHONE: (502) 573-0364  
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**APPLICATION FOR CHANGE OF LOCATION**  
**FOR MANUFACTURED RETAILER'S LICENSE**

This application must be completed in detail. No application will be reviewed unless the instructions herein are complied with. All statements made in this application are subject to the penalties of perjury as set forth in the certificate at the end of the application.

Applicant, as used in this application, means an individual operating in his/her name or under an authorized assumed name; two or more partners operating as a partnership or under an authorized assumed name; and any person with an ownership interest in the proposed business. This application must be approved by the Manufactured Homes Certification and Licensure Board.

1. Check each type of home sales applicable:  
☐ New Manufactured Homes  
☐ Pre-Owned Manufactured Homes  
☐ Mobile Homes (built prior to 1976)  
☐ Salvage Units (B2 Seal)
2. Revenue Cabinet Sales Tax Permit #: \_\_\_\_\_ /Federal Tax ID # \_\_\_\_\_
3. Certificate of Insurance (Department of Housing listed as Certificate Holder)
4. Give name of retailer: \_\_\_\_\_
5. Name of owner or partners (all). Owners, partners, or corporate officers indicate percent of business owned:  
  
\_\_\_\_\_ % \_\_\_\_\_ %  
  
\_\_\_\_\_ % \_\_\_\_\_ %
6. Previous address of established place of business, as defined in KRS 227.550(5) and the applicable rules and regulations. (The mailing address and the actual address of the business must be the same). For mailing purposes, you may add a post office box number.  
  
Street: \_\_\_\_\_ City: \_\_\_\_\_  
  
County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
  
Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
  
Email address: \_\_\_\_\_

7. Address of established place of business, as defined in KRS 227.550(5) and the applicable rules and regulations. (The mailing address and the actual address of the business must be the same). For mailing purposes, you may add a post office box number.

Street: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

Has the above described been previously utilized as a manufactured or mobile home retailer?

8. Do you own the property occupied by the proposed retailer? Yes \_\_\_\_\_ No \_\_\_\_\_  
If the property is not owned by the retailer, a copy of the lease must be attached to this application.  
The lease must reveal the name and address of the lessee and lessor

9. Office space requirements used exclusively in the business: \_\_\_\_\_

10. Is any other business operated on or from this location? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give nature of business: \_\_\_\_\_

Business name and owner's name: \_\_\_\_\_

11. Manufactured and Mobile Home retailers must maintain on staff a certified Manufactured Home Installer/Manager.

Individual Name: \_\_\_\_\_ Certification #: \_\_\_\_\_

12. Description of Services:

A. Do you plan to perform you own:

- ☐ Service
- ☐ Maintenance (warranty work)
- ☐ Installation/set-up
- ☐ Transportation of homes

If so, briefly describe how this will be performed: \_\_\_\_\_

B. Do you plan to engage independent contractors to perform:

- ☐ Service
- ☐ Maintenance (warranty work)
- ☐ Installation/set-up
- ☐ Transportation of homes

If so, please provide a letter of agreement attached to this application for each independent contractor used. The letter of agreement shall include the contractor's company name, it's principles, address, telephone number and any other type of number of any business or certification that such contractors hold. (Changes of contractors or in letters or agreement must be submitted to the department on the effective dates of the changes.)